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BRUNEI DARUSSALAM GOVERNMENT SCHOLARSHIPS FOR FOREIGN STUDENTS TENABLE IN BRUNEI DARUSSALAM

DARUSSALAWI						
	SESSION					
	APPLICA	TION FORM				
	CODE	PROGRAMME NAME				
FIRST CHOICE						
SECOND CHOICE						

INSTRUCTIONS TO APPLICANTS

- 1. Each Candidate must complete 3 (Three) copies of this form to be typed or written legibly in blue or black ink.
- 2. The following documents should be submitted with the form:
 - i. Three recent passport size photographs.
 - ii. Three certified copies of academic qualification.
 - iii. Three copies of Applicants Statement of Purpose (Item 6).
 - iv. Three certified copies of Birth Certificate and passport.
 - v. Three copies of Security Vetting.
 - vi. Certified English Translations of supporting documents (i.e. certificates, testimonials, transcripts) must be submitted for documents that are not in English.

1. PERSONAL DETAILS (Please use BLOCK Lett	ers)			
Name (Please underline surname):				
Identification No:	Citizenship:			
Date of Birth (dd/mm/yyyy):	Country of Birth:			
Religion:	Ethnicity:			
Marital Status: Single / Married / Divorced / Widowed#	Gender: Male / Female [#]			
Postal Address:				
Telephone No:	Fax No:			
(country code) (area code) (tel no.) Mobile No: (country code) (area code) (tel no.)	(country code) (area code) (tel no.)			
E-mail address (if any): (Candidates are strongly advised to provide either a fax	c no. or an email address to facilitate correspondence)			
Name of Parent/ Guardian/ Next of Kin*:				
Relationship:				
Occupation / Designation:				
Address:				
Contact Number/ Email Address:				

2. ACADEMIC EXPERIENCE (Details of Schools Attended and Academic Qualifications)

Α.	Please stat	e all	schools	attended	from	age o	f 15
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Name of School/ Institute	From	То	Qualifications Obtained

B. General Certificate of Education (Ordinary Level or Equivalent) (Please state subjects that you have passed only)

Year	Subjects	Grade	Medium	Examination Body

C. General Certificate of Education (Advanced Level or Equivalent) (Please state subjects that you have passed only)

Year	Subjects	Grade	Medium	Examination Body

D.	Other Qualifications (Certificate/ National Certificate/ National Diploma/ Highe
	National Diploma/ First Degree)

Qualifications	Name of Institute &	Duration	Date	Classification/	Medium of
	Country		Passed	Grade	Instruction

E. Intended Qualification

Name of Programme/ Course	Subjects	Date of Results Expected		

3. LANGUAGE PROFICIENCY

Language	Written	Reading	Spoken
English	1 2 3	1 2 3	1 2 3
Others, Please State: i ii	1 2 3 1 2 3	1 2 3 1 2 3	1 2 3 1 2 3

1: Good 2: Average 3: Poor

4.	ACADEMIC DISTINCTIONS OR PRIZES RECEIVED			
5.	PROPOSED FUTURE CAREER			
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6. APPLICANT STATEMENT OF PURPOSE

In an essay of up to 200 words, describe your plan of study and/ or research you propose to pursue and relate this to your future career plan. (You may include additional relevant material for which there was insufficient space on this form).	or Tor
Please tick if additional material enclosed	

7.	EMPLOYMENT	EXPERIENCE	(Please attach	additional	information	if red	guired)
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Employer's Name and Address	Position Held	Part-Time/	Da	es	
Employer of Name and Address	7 Goldon Flora	Full-Time	From	То	

8. EXTRA CURRICULAR ACTIVITIES AND MEMBERSHIP IN ASSOCIATION

(Please attach additional information if required)

Year	Types of Activities (Sports, Cultural,	Level of Participation (e.g. Club, District,
	Community Services etc.)	National, Regional, International etc.)

9. MEMBERSHIP IN ASSOCIATION/ PROFESSIONAL BODIES

(Please attach additional information if required)

Year	Association/ Professional Bodies	Position Held

THESIS RESEARCH	_	(Y/N)
If you are working on a known thesis topic, attach a 500 words description	Thesis Description enclosed	

10.REFERENCES (Originals of reference letters are required to be sent by the applicable referee)
Please give details of two (2) people who can act as referees to support your application. You should
contact them yourself and enclose the references (Form C1) with the application form to the
Scholarship Section, Ministry of Education. Please include their telephone, fax and e-mail addresses
so that we can follow up references if necessary. Applications cannot be considered unless
references are received. Please pass a copy of the Statement by Referee to each referee for him or
her to fill in.

Name of Reference	Job Title & Organisation	Telephone & Fax	E-mail

SECTION 11 – 14 TO BE COMPLETED BY CANDIDATES WHO INTENDED TO APPLY FOR HIGHER DEGREE PROGRAMMES ONLY

11. ACADEMIC AWARDS/ SCHOLARSHIP ACHIEVED IF ANY

Academic Awards/ Scholarship	Institution Name	Date Awarded

12. PLEASE LIST DOWN COMPLETED RESEARCH AND PUBLICATIONS IF ANY

Name of Research/ Publications	Date Completed

13. HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION AS A POSTGRADUATE STUDENT OVERSEAS OR LOCALLY?

		Y – Yes	If yes	s, Please State:
		N – No		
			i.	Year applied:
			ii.	Name of Programme:
			iii.	Were you accepted?
			iv.	Name of Institution:
14. R	RESEA	RCH PROPOS	SAL	
i.	Prop	osed field of stu	dy:	
ii.	Topio	for Research:		
15. D	ECLA	RATION		
	-	-		ade on this application and in the attached all the terms and conditions laid down by the
				Students (ASEAN, OIC, Commonwealth and abide by all the conditions of the award. I shall
re	eturn to	my home cour	ntry as soon as I co	mplete my scheduled programme and will not
е	xtena m	ny stay without v	raiid reasons.	
D	ate:		S	ignature:

Assess	sment on the applicant's academic abi	lity.				
1.	Applicant's Name	•••••			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
	Country:					
	Courses Applied:					
2.	In what capacity do you know the ap	oplicant?				
	(E.g. Teacher, Supervisor, Principal	etc)				
3.	How long have you known the appli	cant?				
4.	Please evaluate the applicant's per	formance by putti	ng an X in the	appropriate	spaces below	/. Extra boxes
	are available for you to add, if you	u wish, up to thre	ee other quali	ties which yo	ou may find re	elevant to the
	assessment of the candidate (E.g. A	All-round ability, in	genuity, accou	ntability, man	ual dexterity	etc.)
Assess	sment on:	Excellent	Very Good	Good	Average	Below
7.0000			10.7 0000	0000	7.1.0.a.go	Average
Academic Record						
English Proficiency						
Creative Thinking						
Resea	rch Ability					
Industry/ Application						

Judgement
Independent
Honesty
Motivation
Self Discipline

5.	s the applicant's proficiency in English Language (oral and written) adequate to meet the standard				
	required? Please comment.				
6.	Please give your overall assessment on the applicant's academic ability.				
	e's Name:				
_	ation:				
Address	S:				
Date:	Signature:				

THANK YOU FOR YOUR ASSISTANCE. YOU MAY ENCLOSE THE COMPLETED REFERENCE LETTER IN A SEALED ENVELOPE AND ATTACH TO THIS APPLICATION FORM OR YOU MAY SEND THE COMPLETED FORM TO: Technical Assistance Department, Ministry of Foreign Affairs and Trade, Jalan Subok, Bandar Seri Begawan, BD2710, Brunei Darussalam. Fax No: (6732) 230903. E-mail: tad.scholarship@mfa.gov.bn

BRUNEI DARUSSALAM GOVERNMENT SCHOLARSHIP FOR FOREIGN STUDENTS 'REFERENCE LETTER'

Assessment on the applicant's academic ability.

7. Applicant's Name:

Country:

Courses Applied:

8. In what capacity do you know the applicant?

(E.g. Teacher, Supervisor, Principal etc).

9. How long have you known the applicant?

10. Please evaluate the applicant's performance by putting an X in the appropriate spaces below. Extra boxes are available for you to add, if you wish, up to three other qualities which you may find relevant to the

Assessment on:	Excellent	Very Good	Good	Average	Below Average
Academic Record					
English Proficiency					
Creative Thinking					
Research Ability					
Industry/ Application					
Judgement					
Independent					
Honesty					
Motivation					
Self Discipline					

assessment of the candidate (E.g. All-round ability, ingenuity, accountability, manual dexterity etc.)

11.	Is the applicant's proficiency in English Language (oral and written) adequate to meet the standard
	required? Please comment.
12.	Please give your overall assessment on the applicant's academic ability.
	's Name:
Designa	tion:
Address	<u>:</u>
Date:	Signature:

THANK YOU FOR YOUR ASSISTANCE. YOU MAY ENCLOSE THE COMPLETED REFERENCE LETTER IN A SEALED ENVELOPE AND ATTACH TO THIS APPLICATION FORM OR YOU MAY SEND THE COMPLETED FORM TO: Technical Assistance Department, Ministry of Foreign Affairs and Trade, Jalan Subok, Bandar Seri Begawan, BD2710, Brunei Darussalam. Fax No: (6732) 230903. E-mail: tad.scholarship@mfa.gov.bn

TO BE COMPLETED BY THE NOMINATING GOVERNMENT

(The following endorsement must be completed on the top copy of the application by the Nominating Agency)

This candidate is nominated for consideration for an award and the following details are confirmed:

		Initials of verifying officer
1.	The underlining of the candidate's name in question 1 correctly identifies his or her formal family name.	
2.	Evidence verified concerning date and place of birth and nationality.	
3.	References enclosed from the two (2) persons named in questions 1, 7 and 9.	
4.	Candidate's medical certificate attached (if required at this stage)	
5.	Copies of the university or college transcript attached to each application form.	
6.	The candidate has sufficient language proficiency to enable him/her to profit from his/her proposed course of study if given in:	
	(a) English	
	(b)	
7.	The candidate is / is not in Government employment (delete appropri	ately).

16. OFFICIA	L DECLARATION (to be completed by	the nominatin	ig government)		
The					
	(Name of Depa	artment/ Ministi	-y)		
nominates				on behalf of	
nominates				on benall of	
	for the E	Brunei Darussa	lam Government	Scholarships Award.	
	(Country)	51 a.1.01 Baraooa		Correlatoriipo / tiratai	
(Name)		(Sig	(Signature and Ministry's stamp)		
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(Designation)		(Add)	(Address of Department / Ministry)		
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(Ctry Code)	(Area Code) (Office Telephone No.)	(Ctry Code)	(Area Code)	(Office Fax No.)	
PLEASE NO)TE·				
	ation form must be duly completed an	d andorsad h	y the Ministry of	Foreign Affairs or the	
	ency responsible for the Brunei Darussa				
_	ant supporting documents, which are to		·-	•	
	SED FORMS <u>CANNOT</u> BE PROCESSED		with the form. II	TOOMI LETE AND/OR	
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